

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **45518**

FILED DEC 30 1957

BIRTH NO. _____		REG. DIST. NO. <b>316</b>		PRIMARY REG. DIST. NO. <b>6075</b>		Registrar's No. <b>403</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Washington</b>			
b. CITY (If outside of State, give State and County) OR TOWN <b>Farmington - RURAL</b>				c. CITY OR TOWN <b>Potosi</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) <b>8 Days</b>				e. STREET ADDRESS (If rural, give location) <b>908 North Mine Street</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mineral Area Hospital</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jessie</b>		b. (Middle) <b>Myrtle</b>		c. (Last) <b>Hall</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 15, 1957</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>2-6-1893</b>	
9. AGE (In years last birthday) <b>64</b>		10. IF UNDER 1 YEAR Days <b>10</b>		11. IF UNDER 1 HRS. Hours <b>9</b>		12. IF UNDER 1 MIN. Min. <b>9</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Custer, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>							
13a. FATHER'S NAME <b>Thomas H. Smith</b>				13b. MOTHER'S MAIDEN NAME <b>Mailda Gibb</b>		14. NAME OF HUSBAND OR WIFE <b>Frank Hall</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Luther Davis, Potosi, Missouri</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic Ca. of Colon</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>153X</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>Aug. 1957</b> , to <b>12-15-57</b> , that I last saw the deceased alive on <b>12-15-57</b> , and that death occurred at <b>8:35P m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Joseph L. Burnett DO</b>				23b. ADDRESS <b>Potosi, Mo.</b>		23c. DATE SIGNED <b>12/16/57</b>	
24a. BURIAL REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-17-1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Empire Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Gladen, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Dec. 16, 1957</b>		REGISTRAR'S SIGNATURE <b>Ethel R. Rindolf</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Arthur Smith</b> ADDRESS <b>Potosi Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Donnell B. Dietrich*

Licensed Embalmer No. *4104*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.